

SERFF Tracking Number: AFLA-126429676 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44451
 Company Tracking Number: 09A92401AR
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Product Name: Cancer Indemnity Policy Endorsements
 Project Name/Number: /

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Cancer Indemnity Policy SERFF Tr Num: AFLA-126429676 State: Arkansas
 Endorsements

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 44451

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: 09A92401AR State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
 Disposition Date: 01/05/2010

Authors: Karen Griffin, Tamara
 Graham, Connie Gates, Leslie
 Steele, Eve Black, Bridget
 Berryman, Tom McDaniel, Megumi
 Edge

Date Submitted: 12/30/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/05/2010

Deemer Date:

Submitted By: Connie Gates

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/05/2010

Created By: Megumi Edge

Corresponding Filing Tracking Number:

SERFF Tracking Number: AFLA-126429676 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44451
Company Tracking Number: 09A92401AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer Indemnity Policy Endorsements
Project Name/Number: /

Filing Description:

Re: Endorsement Forms A92401, A92402, A92404, A92405 and Amendment Form A92403.

Referenced forms are submitted for your review and approval.

Endorsement Form A92401 will amend Cancer Indemnity Insurance Policy Form A76100AR, previously approved by your department on June 28, 2007. Endorsement Form A92402 will amend Cancer Indemnity Insurance Policy Form A761ESAR, previously approved by your department on July 10, 2009.

The endorsements will make the following changes:

- A statement regarding coverage for treatment for Cancer or an Associated Cancerous condition received in a U.S. Government Hospital has been added to the ELIGIBILITY FOR BENEFITS section.
- Reference to overnight confinement in a Hospital has been removed from the AMBULANCE BENEFIT.
- The EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT has been added under the BENEFITS section.

Amendment Form A92403 will amend Cancer Screening and Annual Care Benefit Rider Form A76051, previously approved by your department on June 28, 2007.

The amendment will make the following changes:

- Reference to charges incurred has been replaced with "receives" under the CANCER VACCINE BENEFIT and CANCER WELLNESS.

Endorsement Form A92404 will amend Cancer Indemnity Insurance Policy Forms A-75200-AR and A-75300-AR, previously approved by your department on May 8, 2003. Endorsement Form A92405 will amend Cancer Indemnity Insurance Policy Form A-75100-AR, previously approved by your department on May 8, 2003.

The endorsements will make the following changes:

- Reference to charges incurred has been replaced with "receives" under the CANCER SCREENING WELLNESS BENEFIT.
- Reference to overnight confinement in a Hospital has been removed from the AMBULANCE BENEFIT.
- Under HOSPITAL CONFINEMENT BENEFITS, EXCEPTION, the requirement for a covered person to be charged for services received in a U.S. government Hospital in order for benefits to be paid, has been removed.

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• The EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT has been added under the BENEFITS section.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements and amendments will be added to all policies and applicable riders issued after the date of implementation, and all existing policyholders will be notified of these changes.

This submission will not affect the premium rates currently on file with your department.

I certify that the following forms comply with the requirements of Arkansas Statute Annotated- Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that this submission meets the minimum reading ease score for the FLESCH test and that the score for the application form is noted below.

Form Number: FLESCH Score Grade Level

A92401 53.28 9

A92402 53.44 9

A92404 57.51 8

A92405 58.05 8

A92403 62.92 7

I certify that this filing complies with the insurance laws and regulations of the state of Arkansas.

I certify that the forms submitted herewith meet the applicable provisions of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The appropriate filing fee and fee certification form are included. FLESCH certification is included in the filing cover letter.

This filing has been prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, by fax at (706) 660-7080 or email at Cgates@aflac.com

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 Product Name: Cancer Indemnity Policy Endorsements
 Project Name/Number: /

Company and Contact

Filing Contact Information

Megumi Edge, Policy Analyst MEdge@aflac.com
 1932 Wynnton Road 706-660-7779 [Phone] 7779 [Ext]
 Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska
 1932 Wynnton Road Group Code: Company Type: Life and Health
 Columbus, GA 31999 Group Name: State ID Number:
 (706) 323-3431 ext. [Phone] FEIN Number: 58-0663085

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$20 per form @ 5 forms = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$100.00	12/30/2009	33187172

SERFF Tracking Number: AFLA-126429676 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44451
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Product Name: Cancer Indemnity Policy Endorsements
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/05/2010	01/05/2010

SERFF Tracking Number: AFLA-126429676 State: Arkansas

Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44451

Company Tracking Number: 09A92401AR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes

SERFF Tracking Number: AFLA-126429676 State: Arkansas

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Product Name: Cancer Indemnity Policy Endorsements

Project Name/Number: /

Form Schedule

Lead Form Number: A92401

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/05/2010	A92401	Policy/Cont Endorsement or Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53.280	A92401.pdf
Approved-Closed 01/05/2010	A92402	Policy/Cont Endorsement or Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53.440	A92402.pdf
Approved-Closed 01/05/2010	A92403	Policy/Cont Endorsement or Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		62.920	A92403.pdf
Approved-Closed	A92404	Policy/Cont Endorsement or Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		57.510	A92404.pdf

<i>SERFF Tracking Number:</i>	<i>AFLA-126429676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>44451</i>
<i>Company Tracking Number:</i>	<i>09A92401AR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Indemnity Policy Endorsements</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<i>01/05/2010</i>	<i>al</i>		
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	<i>nt or Rider</i>		
<i>Approved- A92405</i>	<i>Policy/Cont ENDORSEMENT</i>	<i>Initial</i>	<i>58.050</i>
<i>Closed</i>	<i>ract/Fratern</i>		<i>A92405.pdf</i>
<i>01/05/2010</i>	<i>al</i>		
	<i>Certificate:</i>		
	<i>Amendmen</i>		
	<i>t, Insert</i>		
	<i>Page,</i>		
	<i>Endorseme</i>		
	<i>nt or Rider</i>		

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

The following statement has been added to the ELIGIBILITY FOR BENEFITS section of the policy:

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. Government Hospital, benefits under this policy will not require a covered person to be charged for such services for benefits to be payable.

The AMBULANCE BENEFIT which currently reads:

AMBULANCE BENEFIT: Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

has been amended to read:

AMBULANCE BENEFIT: Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

The following benefit has been added to Benefits section of the policy:

EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: Aflac will pay \$1,500 (one thousand five hundred dollars) for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 (five hundred dollars) for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$2,000 (two thousand dollars) per Covered Person.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.

A handwritten signature in black ink, appearing to read "P. S. Amos II", with a stylized flourish at the end.

Paul S. Amos II, President

A handwritten signature in black ink, appearing to read "Joey M. Loudermilk", with a stylized flourish at the end.

Joey M. Loudermilk, Secretary

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Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
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ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

The following statement has been added to the ELIGIBILITY FOR BENEFITS section of the policy:

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. Government Hospital, benefits under this policy will not require a covered person to be charged for such services for benefits to be payable.

The AMBULANCE BENEFIT which currently reads:

AMBULANCE BENEFIT: Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

has been amended to read:

AMBULANCE BENEFIT: Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

The following benefit has been added to the Benefits section of the policy:

EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: Aflac will pay \$1,000 (one thousand dollars) for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$350 (three hundred fifty dollars) for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$1,350 (one thousand three hundred fifty dollars) per Covered Person.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.

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Paul S. Amos II, President

A handwritten signature in black ink, appearing to read 'Joey M. Loudermilk', with a stylized flourish at the end.

Joey M. Loudermilk, Secretary

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Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

AMENDMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

AMENDMENT EFFECTIVE DATE:

This amendment is subject to all of the provisions of the rider to which it is attached. Changes have been made to the Cancer Screening and Annual Care Benefit Rider Form Series A76051 and indicated as follows:

The BENEFITS which currently read:

CANCER VACCINE BENEFIT: Aflac will pay \$40 (forty dollars) if a Covered Person incurs a charge for receiving any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

CANCER WELLNESS: Aflac will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person incurs a charge for one of the following:

have been amended to read:

CANCER VACCINE BENEFIT: Aflac will pay \$40 (forty dollars) if a Covered Person receives any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

CANCER WELLNESS: Aflac will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person receives one of the following:

This amendment will automatically terminate with the rider.

In witness whereof, Aflac, at its worldwide headquarters, has caused this amendment to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

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Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

The CANCER SCREENING WELLNESS BENEFIT which currently reads:

CANCER SCREENING WELLNESS BENEFIT: AFLAC will pay \$75 (seventy-five dollars) per calendar year when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

has been amended to read:

CANCER SCREENING WELLNESS BENEFIT: Aflac will pay \$75 (seventy-five dollars) per calendar year when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is also payable for a Cancer prevention vaccine that is FDA approved. The vaccine must be administered by licensed medical personnel.

This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

The AMBULANCE BENEFIT which currently reads:

AMBULANCE BENEFIT: AFLAC will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. AFLAC will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

has been amended to read:

AMBULANCE BENEFIT: Aflac will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. Aflac will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):
The statement which currently reads:

EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits are not payable unless the covered person is actually charged and is legally required to pay for such services.

has been amended to read:

EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits do not require a covered person to be charged for such services.

The following benefit has been added to the BENEFITS section of the policy:

EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: Aflac will pay \$1,500 (one thousand five hundred dollars) for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 (five hundred dollars) for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer. Lifetime maximum of \$2,000 (two thousand dollars) per Covered Person.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
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ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

The CANCER SCREENING WELLNESS BENEFIT which currently reads:

CANCER SCREENING WELLNESS BENEFIT: AFLAC will pay \$40 (forty dollars) per calendar year when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

has been amended to read:

CANCER SCREENING WELLNESS BENEFIT: Aflac will pay \$40 (forty dollars) per calendar year when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is also payable for a Cancer prevention vaccine that is FDA approved. The vaccine must be administered by licensed medical personnel.

This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

The AMBULANCE BENEFIT which currently reads:

AMBULANCE BENEFIT: AFLAC will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. AFLAC will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

has been amended to read:

AMBULANCE BENEFIT: Aflac will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. Aflac will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):
The statement which currently reads:

EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits are not payable unless the covered person is actually charged and is legally required to pay for such services.

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EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits do not require a covered person to be charged for such services.

The following benefit has been added to the BENEFITS section of the policy:

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This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

SERFF Tracking Number: AFLA-126429676 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44451
Company Tracking Number: 09A92401AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer Indemnity Policy Endorsements
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/05/2010

Comments:

The filing letter attached provides the flesch certification and compliance with Rule & Regulation 19 and 49.

Attachment:

AR Cancer Endorsement Filing Ltr DTG.pdf

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	01/05/2010

Bypass Reason: N/A

Comments:

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	01/05/2010

Bypass Reason: N/A

Comments:

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	01/05/2010

Bypass Reason: This filing consists of endorsements for previously approved policy forms.

Comments:



Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department

December 30, 2009

Mr. Joe Musgrove
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #60380

Re: Endorsement Forms A92401, A92402, A92404, A92405 and Amendment Form A92403.

Dear Mr. Musgrove:

Referenced forms are submitted for your review and approval.

Endorsement Form A92401 will amend Cancer Indemnity Insurance Policy Form A76100AR, previously approved by your department on June 28, 2007. Endorsement Form A92402 will amend Cancer Indemnity Insurance Policy Form A761ESAR, previously approved by your department on July 10, 2009.

The endorsements will make the following changes:

- A statement regarding coverage for treatment for Cancer or an Associated Cancerous condition received in a U.S. Government Hospital has been added to the ELIGIBILITY FOR BENEFITS section.
- Reference to overnight confinement in a Hospital has been removed from the AMBULANCE BENEFIT.
- The EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT has been added under the BENEFITS section.

Amendment Form A92403 will amend Cancer Screening and Annual Care Benefit Rider Form A76051, previously approved by your department on June 28, 2007.

The amendment will make the following changes:

- Reference to charges incurred has been replaced with "receives" under the CANCER VACCINE BENEFIT and CANCER WELLNESS.

Endorsement Form A92404 will amend Cancer Indemnity Insurance Policy Forms A-75200-AR and A-75300-AR, previously approved by your department on May 8, 2003. Endorsement Form A92405 will amend Cancer Indemnity Insurance Policy Form A-75100-AR, previously approved by your department on May 8, 2003.

The endorsements will make the following changes:

- Reference to charges incurred has been replaced with "receives" under the CANCER SCREENING WELLNESS BENEFIT.

- Reference to overnight confinement in a Hospital has been removed from the AMBULANCE BENEFIT.
- Under HOSPITAL CONFINEMENT BENEFITS, EXCEPTION, the requirement for a covered person to be charged for services received in a U.S. government Hospital in order for benefits to be paid, has been removed.
- The EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT has been added under the BENEFITS section.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements and amendments will be added to all policies and applicable riders issued after the date of implementation, and all existing policyholders will be notified of these changes.

This submission will not affect the premium rates currently on file with your department.

I certify that the following forms comply with the requirements of Arkansas Statute Annotated- Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act. I certify that this submission meets the minimum reading ease score for the FLESCH test and that the score for the application form is noted below.

Form Number:	<u>FLESCH Score</u>	<u>Grade Level</u>
A92401	53.28	9
A92402	53.44	9
A92404	57.51	8
A92405	58.05	8
A92403	62.92	7

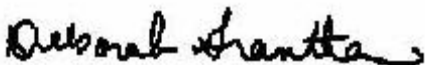
I certify that the forms submitted herewith meet the applicable provisions of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

This filing has been prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, by fax at (706) 660-7080 or email at cgates@aflac.com.

Sincerely,



Deborah T. Grantham
DTG/CG/cg